Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	08/19/2014	Street:	12870 Beatty Ridge	
Incident #:	14ISPC007047	Apt, Lot, R	Apt, Lot, Room #:	
County :	Switzerland	City:	Vevay, Indiana 47043	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
 ☑ One Pot or Birch Reaction(s): Barn ☐ Red Phosphorous/Iodine Reaction(s): ☑ Hydrochloric Acid Gas Generator(s): OPEN FIELD ☑ Flammable Solvents: BARN ☑ Water Reactive Metal (Lithium): BARN/OPEN FIELD 		☐ Corros☐ Corros☐ Ammo☐ Other	 ☑ Anhydrous Ammonia: <u>BARN/OPEN FIELD</u> ☑ Corrosive Acid: <u>OPEN FIELD</u> ☑ Corrosive Base: <u>BARN</u> ☑ Ammonium Nitrate/Sulfate: <u>BARN</u> ☑ Other (item and location): <u>HYPODERMIC NEEDLES BARN</u> 	
Child under age 18 discovered (check appropriate)				
No No	(number present) not present but evidence they reside	uncle Estimated occurring	nditions of home: clean disarray an I length of time manufacturing had been : <u>MONTHS</u> Il Information:	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department: <u>JEFF CRAIG</u> Health Department County: <u>SWITZERLAND</u> Department of Child Services Hotline: <u>dcshotlinereports@c</u>			MAIL MAIL V Fax: 317-234-7595 or 317-234-7596	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>TPR. BRIAN EARLS</u> Phone <u>812-689-5000</u>				
*This form is to be faved to the Fire Department. Health Department and/or Department of Child Services listed within 24 hours of				

scene processing.